**Application for Education Resource Fund Grants**

**for funding in the fiscal year 2014/2015**

**Instructions:**

1. Save this document to your computer
2. Complete all the fields
3. Save again!
4. Email the competed form (as an attached Word document, not a scan of a printout) to [picnet@phsa.ca](mailto:picnet@phsa.ca) by January 9th, 2015. Handwritten and/or faxed copies will not be accepted.

|  |  |
| --- | --- |
| Surname: | First Name(s): |
| Designation (e.g. Registered Nurse): | |
| Facility/Organization: | |
| Health Authority:  (this is for data purposes and does not affect your application) | |
| Address: | |
| City, Province, Postcode: | |
| Phone: | Email: |
| Current Occupation: | |

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| --- |
| 1. How many years have you been employed in Infection Prevention and Control? |
| Years |

|  |  |
| --- | --- |
| 1. Have you previously received Education Resource Funds from PICNet? | |
| Yes  No | |
| If “Yes”, please list the year(s) and funding amount(s): | |
| **Year** | **Funding Amount** |
|  |  |
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| 1. Please detail your involvement with PICNet. (250 words or less)   Include working groups or committees you have participated in within the last 5 years. What have you contributed to the group/committee or to PICNet’s projects and initiatives? |
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| 1. What educational event/activity will you use this fund to attend?   Include the name, the provider or host, the location, and the dates of the event. |
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| 1. How will this event be relevant to your Infection Control Practice?   What impact will this educational opportunity have on your practice? Specify any learning objectives you would like to achieve. |

1. EXPECTED EXPENSES

|  |  |  |
| --- | --- | --- |
| **Type of Expense**  e.g. Tuition, Travel, Hotel | **Details**  e.g. 2 nights hotel @ $120/night | **Amount** |
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|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total** |  |

**Please email your completed form to picnet@phsa.ca prior to end of day January 9th, 2015.**